



Clark O. Martin, Jr.  
Fire Rescue

**RESOLUTION NO. -2006**

**A RESOLUTION OF THE BOARD OF COUNTY  
COMMISSIONERS OF MONROE COUNTY, FLORIDA  
AUTHORIZING MAYOR TO EXECUTE AN EMS COUNTY  
GRANT APPLICATION AND RELATED REQUEST FOR  
GRANT DISTRIBUTION TO THE STATE OF FLORIDA  
DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY  
MEDICAL SERVICES**

**WHEREAS**, an EMS County Grant will continue to upgrade and enhance Monroe County Fire Rescue's reporting system; will continue to upgrade area municipal fire rescue reporting systems; will continue education to staff to improve the County's fire rescue services; and will improve the area municipal fire rescue systems with updated medical equipment; and therefore,

**BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF  
MONROE COUNTY, FLORIDA**, as follows:

1. The Mayor is hereby authorized to execute an EMS County Grant Application and related Request for Grant Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services, and copies of same being attached hereto.
2. The monies from the EMS County Grant will continue to upgrade and enhance Monroe County Fire Rescue's reporting system; will continue to upgrade area municipal fire rescue reporting systems; will continue education to staff to improve the County's fire rescue services; and will improve the area municipal fire rescue systems with updated medical equipment.
3. The grant monies will not be used to supplant existing County EMS budget allocations.

**PASSED AND ADOPTED** by the Board of County Commissioners of Monroe County, Florida, at a regular meeting of said Board held on the \_\_\_\_\_ day of \_\_\_\_\_, 2006.

Mayor McCoy \_\_\_\_\_  
Mayor Pro Tem Nelson \_\_\_\_\_  
Commissioner Spehar \_\_\_\_\_  
Commissioner Neugent \_\_\_\_\_  
Commissioner Rice \_\_\_\_\_

BOARD OF COUNTY COMMISSIONERS  
OF MONROE COUNTY, FLORIDA

By: \_\_\_\_\_  
Mayor/Chairman

(SEAL)  
Attest: DANNY L.KOLHAGE, Clerk

By: \_\_\_\_\_  
Deputy Clerk

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM  
*[Signature]*  
CLERK OF BOARD  
Date: 1/20/06



**FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES**

# **EMS COUNTY GRANT PROGRAM APPLICATION PACKET**

## DESCRIPTION OF PROGRAM

### **OVERVIEW:**

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

### **ELIGIBILITY:**

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

## COUNTY GRANT PROCESS

### **APPLICATION FORM:**

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, June 2002". The BCCs will return the county grant application and resolution ( item 5 on the application) to the department.

### **NOTICE OF GRANT AWARD:**

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

### **APPLICATION SUBMISSION:**

The BCCs must submit:

1. A completed application (DH Form 1684, June 2002) with original signatures of the authorized county official.
2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant  
Emergency Medical Services  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

## EMS COUNTY GRANT APPLICATION

### **FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services**

**Complete all items**

**ID. Code** (The State Bureau of EMS will assign the ID Code – leave this blank) **C**

**1. County Name:** MONROE COUNTY (Monroe County Board of County Commissioners)  
**Business Address:** 490 63rd Street, Suite 140  
Marathon, FL 33050  
**Telephone:** (000) 123-4567 305-289-6004  
**Federal Tax ID Number (Nine Digit Number):** VF 5 9 6 0 0 0 7 4 9

**2. Certification:** (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.

**Signature:**

**Date:**

**Printed Name:** Charles "Sonny" McCoy

**Position Title:** Mayor

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:

**3. Contact Person:** (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)

**Name:** Clark O. Martin, Jr.

**Position Title:** Fire Chief

**Address:** 490 63rd Street, Suite 140  
Marathon, FL 33050

**Telephone:** (000) 000-0000 305-289-6004

**Fax Number:** (000) 000-0000 305-289-6336

**E-mail Address:** abcdefg@zyx.com martin-clark@monroecounty-fl.gov

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:  
A. HUTTON  
12/2/02

**4. Resolution:** Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.

**5. Budget:** Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)

Monroe County Fire Rescue (MCFR)

Key Largo Volunteer Ambulance Corps. (KLVAC)

Ocean Reef Public Safety (ORPS)

**BUDGET PAGE 1 of 3 (MCFR)**

**A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Travel to Rural EMS Provider Meetings and State DOH Advisory Council Meetings	\$ 8,226.10
Travel to EMSPRO Summits	8,369.10
Administrative support costs for electronic reporting (EMSPRO/RescueNet)	14,947.20
Travel for deployment specialist for upgrade of and new software	3,300.00
TOTAL	\$34,842.40

**C. Vehicles, equipment, and other operating capital outlay** means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one ( ) year

List the item and, if applicable, the quantity	Amount
Enhancements & replacement equipment for pen-based EMS patient care report system which includes but is not limited to licensing fees, software upgrades, new software, Toughbook CF18 Notebook computers, vehicle power adaptors, batteries, wireless adaptors	\$ 47,874.31
Mapping project which includes map and grid books	15,000.00
TOTAL	\$ 62,874.31
Grand Total	\$ 97,716.71

\*\*\*

**BUDGET PAGE 2 of 3 (KLVAC)****A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Travel cost for deployment cost of electronic re- porting system	\$ 3,267.00
TOTAL	\$ 3,267.00

**C. Vehicles, equipment, and other operating capital outlay** means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Licensing fee for one-quarter of year on RescueNet project (electronic reporting system which is part of EMSPRO)	\$ 975.00
TOTAL	\$ 975.00
Grand Total	\$ 4,242.00

\*\*



**BUDGET PAGE 3 of 3 (ORPS)**

### **A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.

TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

[illegible]

**C. Vehicles, equipment, and other operating capital outlay** means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Completion of FY05 EMS patient-care reporting system (RescueNet) already in progress which includes purchase and deployment of Toughbook CF18 Notebook computers, accessories, warranty, server and server accessories, Dell work station & work station connectivity	
	\$ 20,647.00
TOTAL	\$ 20,647.00
Grand Total	\$ <u>20,647.00</u>

DH Form 1684, Rev. June 2002

\*\* \$97,716.71 + 4,242.00 + 20,647.00 = \$122,605.71; broke down as follows:  
Includes roll-over funds in the amount of \$72,417.71 (\$70,220.00 with accrued  
interest of \$2,197.71 through September 30, 2005), and FY2006 share of \$50,188.00  
which equals a TOTAL OF \$122,605.71. 4

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

Name of Agency: Board of County Commissioners, Monroe County, FL

Mailing Address: 490 63rd Street, Suite 140

Marathon, FL 33050

Federal Identification number Fed ID 59-6000-749

Authorized Official: \_\_\_\_\_

Signature

Date

Charles "Sonny" McCoy, Mayor

Type Name and Title

*Sign and return this page with your application to:*

Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

MONROE COUNTY ATTORNEY  
RECEIVED TO FORM:  
*[Signature]*  
ATTORNEY  
1/20/06

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \$ \_\_\_\_\_

Grant ID: Code: \_\_\_\_\_

Approved By : \_\_\_\_\_

Signature of EMS Grant Officer

Date

State Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_

Organization Code  
64-25-60-00-000

E.O.  
N\_

OCA  
N2000

Object Code  
7 \_\_\_\_\_

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: October 1, \_\_\_\_\_ Grant Ending Date: September 30, \_\_\_\_\_